

1 William M. Bradshaw  
 2 D-73217 GW-325U  
 3 P.O. Box 689  
 4 Soledad, CA. 93960-0689

5 Petitioner, In Pro Per

FILED

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U.S. DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA

7 IN THE UNITED STATES DISTRICT COURT  
 8 FOR THE NORTHERN DISTRICT OF CALIFORNIA

10 WILLIAM BRADSHAW

11 Petitioner,

12 vs.

13 B. CURRY, Warden, et al.

14 Respondent.

Case No. C 08-1787 JF (PR)

MOTION FOR EXTENSION OF TIME  
 TO FILE TRAVERSE TO  
 RESPONDENT'S ANSWER

Judge: Hon. Jeremy Fogel  
 U.S. District Judge

16 I, William Bradshaw (Petitioner), declare as follows:

17 1. Petitioner, a state prisoner proceeding pro se, seeks an  
 18 extension of time to file a Traverse to Respondent's Answer.

19 2. On August 23, 2008, Petitioner is due to file his Traverse to  
 20 Respondent's Answer to Petition for Writ of Habeas Corpus. However, I  
 21 will be unable to file the Traverse by that time. I am therefore asking  
 22 that this Court grant a one month extension in which to file this  
 23 Traverse to Respondent's Answer.

24 3. I will need this time to address all of the issues in the  
 25 Respondent's Answer.

26 4. I had anticipated being able to file the traverse by August 23,  
 27 2008. However, because the prison where I am incarcerated has been placed  
 28

1 on modified program due to the attempted escape of an inmate, the regular  
2 library program has been suspended, (see Exhibit A). Only "Court Approved  
3 Deadline" inmates with passes can use the library. Petitioner has applied  
4 for a legal library approved court deadline pass. But, as of yet,  
5 Petitioner has not received it.


6 5. The issues are complex; and the Petitioner, not being a trained  
7 Attorney, needs the access to a legal library to do research.

8 6. Accordingly, Petitioner respectfully asks this Court to grant  
9 this extension.

10 I declare under penalty of perjury that the foregoing is true and  
11 correct.

12  
13 DATED: 8-7-08

Respectfully submitted,



William Bradshaw  
Petitioner, In Pro Per

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**EXHIBIT A**

**PROGRAM STATUS REPORT**  
**PART B – PLAN OF OPERATION / STAFF & INMATE NOTIFICATION**

Describe only this reporting periods specific Plan of Operation

INSTITUTION: Correctional Training Facility EFFECTIVE DATE OF PLAN: JULY 30, 2008 PROGRAM STATUS NUMBER: CTF-CENTRAL-05-005

☐ NORMAL PROGRAM ☒ MODIFIED PROGRAM ☐ LOCKDOWN ☐ STATE OF EMERGENCY  
☐ INITIAL ☒ UPDATE ☐ CLOSURE

## RELATED INFORMATION (CHECK ALL THAT APPLY)

AREA AFFECTED	INMATES AFFECTED	REASON
<input type="checkbox"/> INSTITUTION: Correctional Training Facility	<input checked="" type="checkbox"/> ALL	<input type="checkbox"/> BATTERY
<input type="checkbox"/> FACILITY: Central (Except East Dorm)	<input type="checkbox"/> BLACK	<input type="checkbox"/> DEATH
<input type="checkbox"/> HOUSING UNIT: Central Mainline	<input type="checkbox"/> WHITE	<input type="checkbox"/> RIOT / DISTURBANCE
<input type="checkbox"/> VOCATION:	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> GROUPING
<input type="checkbox"/> EDUCATION:	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> OTHER ESCAPE
<input type="checkbox"/> OTHER:		
<b>MOVEMENT</b>	<b>WORKERS</b>	<b>DAYROOM</b>
<input checked="" type="checkbox"/> NORMAL	<input type="checkbox"/> NORMAL	<input type="checkbox"/> NORMAL
<input type="checkbox"/> ESCORT ALL MOVEMENT	<input type="checkbox"/> CRITICAL WORKERS ONLY	<input type="checkbox"/> NO DAYROOM ACTIVITIES
<input type="checkbox"/> UNCLOTHED BODY SEARCH PRIOR TO ESCORT	<input checked="" type="checkbox"/> CULINARY	<input checked="" type="checkbox"/> MODIFIED:
<input type="checkbox"/> CONTROLLED MOVEMENT	<input checked="" type="checkbox"/> CLERKS	<b>RECREATION</b>
<input type="checkbox"/> OTHER:	<input type="checkbox"/> VOCATION/EDUCATION	<input type="checkbox"/> NORMAL
	<input type="checkbox"/> CANTEEN	<input type="checkbox"/> NO RECREATIONAL ACTIVITIES
		Night yard/dayroom only 3 <sup>rd</sup> watch-No 2 <sup>nd</sup> watch yard or dayroom
<b>FEEDING</b>	<input checked="" type="checkbox"/> CLOTHING ROOM	<input checked="" type="checkbox"/> MODIFIED: dayroom
<input checked="" type="checkbox"/> NORMAL	<input checked="" type="checkbox"/> RESTRICTED WORK PROGRAM	
<input checked="" type="checkbox"/> CELL FEEDING	<input checked="" type="checkbox"/> PORTERS	<b>CANTEEN</b>
<input type="checkbox"/> CONTROLLED FEEDING IN DINING ROOM	<input type="checkbox"/> NO INMATE WORKERS	<input type="checkbox"/> NORMAL
<input type="checkbox"/> HOUSING UNIT/DORM AT A TIME	<b>SHOWERS</b>	<input checked="" type="checkbox"/> NO CANTEEN 3 <sup>rd</sup> Watch A.P.
<input type="checkbox"/> DORM POD AT A TIME	<input checked="" type="checkbox"/> NORMAL	<input type="checkbox"/> MODIFIED:
<input type="checkbox"/> TIER AT A TIME	<input type="checkbox"/> ESCORTED	<b>PACKAGES</b>
<input type="checkbox"/> HOUSING UNIT SECTION AT A TIME	<input type="checkbox"/> ONE INMATE PER SHOWER – OWN TIER	<input checked="" type="checkbox"/> NORMAL
<input type="checkbox"/> SACK MEAL BREAKFAST	<input type="checkbox"/> CELL PARTNERS TOGETHER – OWN TIER	<input type="checkbox"/> NO PACKAGES
<input checked="" type="checkbox"/> SACK MEAL LUNCH	<input type="checkbox"/> DORM SHOWERING BY GROUP	<input type="checkbox"/> MODIFIED:
<input type="checkbox"/> SACK MEAL DINNER	<input type="checkbox"/> CRITICAL WORKERS ONLY	
<b>DUCATS</b>	<input type="checkbox"/> NO SHOWERS	<b>PHONE CALLS</b>
<input type="checkbox"/> NORMAL	<b>MEDICAL</b>	<input type="checkbox"/> NORMAL
<input checked="" type="checkbox"/> MEDICAL DUCATS ONLY	<input checked="" type="checkbox"/> NORMAL MEDICAL PROGRAM	<input type="checkbox"/> NO PHONE CALLS
<input checked="" type="checkbox"/> CLASSIFICATION DUCATS	<input type="checkbox"/> PRIORITY DUCATS ONLY	<input checked="" type="checkbox"/> MODIFIED: Night Yard Phones Only
<input checked="" type="checkbox"/> PRIORITY DUCATS ONLY	<input type="checkbox"/> MTA CONDUCT ROUNDS IN UNITS	
<b>VISITING</b>	<input type="checkbox"/> INMATES ESCORTED TO SICK CALL	<b>RELIGIOUS SERVICES</b>
<input type="checkbox"/> NORMAL VISITING	<input type="checkbox"/> EMERGENCY MEDICAL ONLY	<input type="checkbox"/> NORMAL
<input type="checkbox"/> NON-CONTACT ONLY	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NO RELIGIOUS SERVICES
<input checked="" type="checkbox"/> NO VISITING	<b>LEGAL LIBRARY</b>	<input checked="" type="checkbox"/> MODIFIED: Cell front only on 2 <sup>nd</sup> watch
<input type="checkbox"/> OTHER: Not a visiting day	<input type="checkbox"/> NORMAL	3 <sup>rd</sup> Watch normal religious activity
	<input checked="" type="checkbox"/> APPROVED COURT DEADLINES	

REMARKS: On June 18, 2008, an inmate at Central Facility (CF) escaped from his cell. As a result of this incident all inmates housed at CF are on Modified Program (MP) (East Dorm is on Normal Program). Additionally, inmates housed at North Facility (NF) will be on MP while conducting searches of all cells and housing units at North Facility. Inmates with medical ducats on 2<sup>nd</sup> Watch will be visually escorted to the medical department. Central Facility has completed searches. Central Facility: 2<sup>nd</sup> Watch will be on a modified program and will continue cell feeding and a restricted work program consisting of culinary, clerks, porters, laundry & clothing, legal library clerks, medical porters/clerks, central facility trash crew, print shop, R&R, visiting porters, warehouse, admin. building porters, maintenance, and 12 textile workers. Staff to report to North Facility. One officer from each wing, yard/canteen officers, culinary officers. Education will be conducting final exams 0800-1230. 3<sup>rd</sup> Watch will be normal program with the exception of night yard, which will begin after the 1730 hours count. Dayroom activities may start after the 1400 hour shift change.

40 to canteen tonight (Refer to canteen above). A.A., N.A., and AVP approved for 3<sup>rd</sup> Watch.

There will be no deviation from this PSR. Any questions pertaining to this PSR should be addressed to the Watch Commander.

State of Emergency only: Postponement of nonessential administrative decisions, actions and the normal time requirements:

☐ Approved ☒ Disapproved.

PREPARED BY: J. Soares, Correctional Captain DATE: 7/29/2008 NAME: SIGNATURE (WARDEN): B. CURRY DATE: 7/29/2008

**PROOF OF SERVICE BY MAIL  
BY PERSON IN STATE CUSTODY**  
(C.C.P. §§ 1013(A), 2015,5)

I, WILLIAM M. BRADSHAW, declare:

I am over 18 years of age and I am party to this action. I am a resident of CORRECTIONAL TRAINING FACILITY prison, in the County of Monterrey, State of California. My prison address is:

William m. bradshaw, CDCR #: D-73217  
CORRECTIONAL TRAINING FACILITY  
P.O. BOX 689, CELL #: GW-325U  
SOLEDAD, CA 93960-0689.

On August 7, 2008, I served the attached:

MOTION FOR EXTENSION OF TIME TO FILE TRAVERSE TO RESPONDENT'S ANSWER

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope (verified by prison staff), with postage thereon fully paid, in the United States Mail in a deposit box so provided at the above-named institution in which I am presently confined. The envelope was addressed as follows:

AMANDA J. MURRAY  
DEPUTY ATTORNEY GENERAL  
455 Golden Gate Avenue, Suite 11000  
San Fransco, CA. 94102-7004  
(Attorney for Respondent)

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
450 Golden Gate Ave.  
San Fransco, CA. 94102-9680

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8-7-08.

William M. Bradshaw  
WILLIAM M. BRADSHAW  
Declarant in Pro Per

WILLIAM BRADSHAW  
D-73217 GW-325U  
P.O. Box 689  
SOLEDDAD, CA. 93960-0689

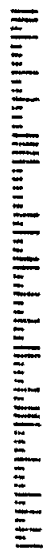
LEGAL MAIL

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
450 Golden Gate Ave.  
P.O. Box 36060  
San Francisco, CA 94102-9680

SAN JOSE CA 951  
08 AUG 2008 PM 6 L



94102+3432



8/17/08

A handwritten signature in black ink, appearing to be "S. Davis", written over the stamp.

c/o S. Davis

RECEIVED  
AUG 11 2008  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
NORTHWEST DIVISION  
WASHINGTON, D.C. 20535

RECEIVED